

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102289

FILED
Oct 10, 2006
Secretary of State

Entity Name: INSURANCE SYNDICATION, LLC

Current Principal Place of Business:

9724 N. ARMENIA AVE
SUITE 201
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9724 N. ARMENIA AVE
SUITE 201
TAMPA, FL 33612

New Mailing Address:

FEI Number: 13-4312053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPOTO, NELSON J
2805 W BUSCH BLVD
SUITE 206
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NELSON J SPOTO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SPOTO, NELSON J
Address: 9724 N. ARMENIA AVE, SUITE 201
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NELSON J SPOTO

CEO

10/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date